

Medication List for < *Insert member name* >, DOB: < *Insert member DOB* >

Medication List

Prepared on: < *Insert CMR date* >



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.



Note any changes to how you take your medications.
 Cross out medications when you no longer use them.

| Medication | How I take it | Why I use it | Prescriber |
|---|--|--|-----------------------------------|
| < <i>Insert generic name and brand name, strength, and dosage form for current/active medications</i> > | < <i>Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate</i> > | < <i>Insert indication or intended medical use</i> > | < <i>Insert prescriber name</i> > |
| | | | |
| | | | |
| | | | |

Medication List for < *Insert member name* >, DOB: < *Insert member DOB* >



Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

| Medication | How I take it | Why I use it | Prescriber |
|------------|---------------|--------------|------------|
| | | | |
| | | | |
| | | | |



Allergies:

< *Insert allergy information* >

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 **Side effects I have had:**

< *Insert side effect information* >

 **Other information:**

< *Optional* >



My notes and questions:

Medication List for < *Insert member name* >, DOB: < *Insert member DOB* >

Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage.

ATTENTION: If you speak a language other than English, free language assistance services are available. Visit our website at **AetnaBetterHealth.com/New-Jersey-hmosnp** or call **1-844-362-0934 (TTY: 711)**, 8 AM to 8 PM, 7 days a week.

ESPAÑOL (SPANISH): ATENCIÓN: Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/betterhealth/new-jersey-hmosnp) o llame al **1-844-362-0934 (TTY: 711)**, de 8 AM a 8 PM, los 7 días de la semana.

(CHINESE): 傳統漢語(中文)如果您講英語以外的語言,則提供免費語言援助服務。請造訪我們的網站 [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/betterhealth/new-jersey-hmosnp) 或致電, **1-844-362-0934 (TTY:711)**,上午 8 時至下午 8 時,每週 7 天

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